

MULTIPLE DEPENDENT
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/578344

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1				51				
2		1			52				
3		1			53				
4		1			54				
5	1	1			55				
6		1			56				
7		1			57				
8		1			58				
9	1				59				
10		1			60				
11		1			61				
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43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.	3								
TOTAL DEP.	8								
TOTAL CLAIMS	11								